

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90019 005 ***150.00

DOCUMENT # P02000108265

1. Entity Name
BRY-TECH DISTRIBUTORS, INC.



Principal Place of Business

4000 N OBT
 #D
 ORLANDO, FL 32804 US

Mailing Address

1143 HAINES STREET
 JACKSONVILLE, FL 32206 US

03122004 Chg-P CR2E034 (10/03)



2. Principal Place of Business

3. Mailing Address

03122004 Chg-P CR2E034 (10/03)

4. FEI Number

04-3716071

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MANLEY, ROBERT
 1143 HAINES STREET
 JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(Not for Registered Agent signature required when witnessed)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|---|---|
| TITLE: P <input type="checkbox"/> Delete NAME: MANLEY, ROBERT STREET ADDRESS: 1143 HAINES ST CITY-STATE-ZIP: JACKSONVILLE, FL 32206 | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ |
| TITLE: VST <input type="checkbox"/> Delete NAME: MANLEY, JENNIFER STREET ADDRESS: 1143 HAINES ST CITY-STATE-ZIP: TALLAHASSEE, FL 32203 | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ | TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ | TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ | TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

904-219-9444

Daytime Phone #